UNITED STATES DISTRICT COURT

for the

District of Massachusetts

Division

	Case No.		
Denise Duval, Administrator of the Estate of Wilfred Duval) (to be filled in by the Clerk's Office)		
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.))) Jury Trial: (check one) Yes No)		
-v-)		
United States of America	IN CLE 2018 MAR DISTRI		
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	FILED ERKS OFFICE R-1 PM 3: 16 RICT OF MASS. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Denise Duval, Administrator of the Estate of Wilfred Duval		
Street Address	17 Bourque Street		
City and County	Somersworth		
State and Zip Code	NH 03878		
Telephone Number	603-591-7304		
E-mail Address	dduval98@aol.com		

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

Defendant No. 1	
Name	United States of America
Job or Title (if known)	Department of Veterans Affairs, VA Boston Healthcare System
Street Address	1400 VFW Parkway
City and County	West Roxbury
State and Zip Code	MA 02132
Telephone Number	617-323-7700
E-mail Address (if known)	
Defendant No. 2	
Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	<u> </u>
Defendant No. 3	
Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	
Defendant No. 4	
Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What	is the b	asis for	federal court jurisdiction? (check all that apply)			
İ	⊠ Fed	eral que	stion Diversity of citizenship			
Fill o	ut the pa	aragraph	s in this section that apply to this case.			
A. If the Basis for Jurisdiction Is a Federal Question						
	are at	-	fic federal statutes, federal treaties, and/or provisions of the United this case.	ed States Constitution that		
B.	If the Basis for Jurisdiction Is Diversity of Citizenship					
	1.	The Plaintiff(s)				
		a.	If the plaintiff is an individual			
			The plaintiff, (name)	, is a citizen of the		
			State of (name)			
		b.	If the plaintiff is a corporation			
			The plaintiff, (name)	, is incorporated		
			under the laws of the State of (name)			
			and has its principal place of business in the State of (name)			
			•			
			ore than one plaintiff is named in the complaint, attach an addition information for each additional plaintiff.)	onal page providing the		
	2.	The l	Defendant(s)			
		a.	If the defendant is an individual			
			The defendant, (name)	, is a citizen of		
			the State of (name) (foreign nation)	. Or is a citizen of		

Pro	Se	1	(Rev	12/16	Complaint	for:	a Civil	Case
110	\sim		(1/6/	14/10	Complain		a Civii	Casc

punitive money damages.

		b.	If the defendant is a corporation	
			The defendant, (name)	, is incorporated under
			the laws of the State of (name)	, and has its
			principal place of business in the State of	of (name)
			Or is incorporated under the laws of force	eign nation)
			and has its principal place of business in	1 (name)
			re than one defendant is named in the com information for each additional defendant.	nplaint, attach an additional page providing the
	3.	The A	amount in Controversy	
			mount in controversy—the amount the plair is more than \$75,000, not counting interes	ntiff claims the defendant owes or the amount at
III.	Statement of	Claim		
	facts showing involved and the dates and write a short a	that eac what eac places of	h plaintiff is entitled to the damages or oth h defendant did that caused the plaintiff ha	al arguments. State as briefly as possible the ser relief sought. State how each defendant was arm or violated the plaintiff's rights, including n one claim is asserted, number each claim and agraph. Attach additional pages if needed.
	See Attached			
	Relief	···		

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or

The Estate of Wilfred Duval would ask for a jury trial and judgment against the Defendant in an amount to fairly and adequately compensate it for injuries and losses. It would also ask that regulations and/or restrictions be put into place that would prohibit doctors unknown to the patient from performing procedures on them without explicit consent from the patient or guardian and that surgical doctors should have to document a predetermined amount of hours of supervised experience successfully performing a particular procedure before stepping in to replace a doctor with greater expertise, specialized knowledge and experience such as the Chief of Surgery would demonstrate.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing:	02/27/2018					
	Signature of Plaintiff Printed Name of Plaintiff	Denise Duval, Administrator of the Estate of Wilfred Duval					
В.	For Attorneys						
	Date of signing:						
	Signature of Attorney						
	Printed Name of Attorney						
	Bar Number						
	Name of Law Firm						
	Street Address						
	State and Zip Code						
	Telephone Number						
	E-mail Address						